

Out-of-office BP measurement vital

The excellent Canadian Hypertension Education Program update published in the July issue of the journal¹ demands some comments:

In family practice, where we follow patients for many years, it seems that our choice of drugs in the treatment of hypertension is essentially a game of “spot the adverse drug reaction.” We choose drugs based on what remains after calcium channel blocker-related edema, angiotensin-converting enzyme inhibitor cough, β -blocker fatigue, and diuretic electrolyte disturbances have been recognized—a fairly easy exercise. The recommended use of combination drugs such as angiotensin-converting enzyme inhibitors and diuretics makes this more difficult, however, and offers little benefit.

I agree that home measurement of blood pressure (BP) is best, and I no longer make treatment decisions unless the patient brings me a 2-week home BP diary or a series of BP results taken in pharmacies. Blood pressure monitors can be purchased at discount stores for \$75, a good investment if the patient is spared years of costly and unnecessary drugs and adverse drug reactions. Two inventive manufacturers of angiotensin receptor blockers currently offer “free” monitors if we prescribe their products.

The article’s list of cardiovascular risk factors might also include the use of female hormones and anti-inflammatory drugs.

—David Rapoport MD CCFP FCFP
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Reference

1. 2010 Canadian Hypertension Education Program recommendations. An annual update. *Can Fam Physician* 2010;56:649-53.

CPS information lacking

We would like to comment on Ms Repchinsky’s response¹ to the Motherisk Update published in the March 2010 issue of *Canadian Family Physician*² regarding the *Compendium of Pharmaceuticals and Specialties* as a reference for safety information on drug use during pregnancy and breastfeeding.

Ms Repchinsky identified a number of useful resources for pregnancy and breastfeeding information that we neglected to mention in our article, as we were focusing on the product monograph, which is frequently used by physicians to elicit information regarding drugs in pregnancy and breastfeeding.

The “Clin-Info” section (a feature of the *Compendium of Pharmaceuticals and Specialties*), *Patient Self-Care*, and the upcoming edition of *Therapeutic Choices*—all published by the Canadian Pharmacists Association—can be a starting point for information on exposures to drugs during pregnancy and breastfeeding, and are more reliable resources than product monographs. However, it appears that many

health care providers might not be aware of these important resources, as consultations with the Motherisk Program most often involve concerns about use of a particular medication during pregnancy and lactation arising from information in the product monograph. Consulting with these Canadian Pharmacists Association publications rather than solely relying on the product monograph would be a better option; if questions remain unanswered or further information is required, the Motherisk Program is available to provide the most current evidence-based information on the safety of drug use in pregnancy and breastfeeding.

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References

1. Repchinsky CA. Drug use in pregnancy: resources and recommendations [Letters]. *Can Fam Physician* 2010;56:634.
2. Law R, Bozzo P, Koren G, Einarson A. FDA pregnancy risk categories and the CPS. Do they help or are they a hindrance? *Can Fam Physician* 2010;56:239-41.

Food-borne illnesses during pregnancy

We wish to thank Dr Khatter¹ and Ms Taylor and Dr Galanis² for their interest in our Motherisk Update “Food-borne illnesses during pregnancy” published in the April 2010 issue of *Canadian Family Physician*.³

We believe that some of their recommendations are not evidence-based. We concur that it is important for pregnant women to be very careful with regard to consuming certain foods. However, despite their impressions, we did not make contradictory statements, as will be clearly shown here.

Despite the increased relative risk for pregnant women contracting *Listeria*, the absolute risk is extremely low and avoiding deli meats altogether does appear to be

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1. **Clinical Review:** Incretin agents in type 2 diabetes (July 2010)
2. **Practice:** 2010 Canadian Hypertension Education Program recommendations. *An annual update* (July 2010)
3. **Emergency Files:** Mild traumatic brain injury. *Part 2: Concussion management* (July 2010)
4. **Motherisk Update:** Safety of triptans for migraine headaches during pregnancy and breastfeeding (June 2010)
5. **Clinical Review:** Femoroacetabular impingement syndrome. *Nonarthritic hip pain in young adults* (January 2008)